Effective December 29, 1999														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE] [RATE	FEE	
BASIC FEE										345.00	OR	7 300	690.00	
TOTAL CLAIMS			14	minus :	20=	. /			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	y	minus	3 =	. /		.	X39=		OR	X78=	78	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	 	OR	TOTAL	768	
CLAIMS AS AMENDED - PART II									OTHER THAN					
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL		
AMENDMENT A	\	AF	AIMS AININ BE TER IOMENT	ST AV	P	ANABER (REVIOUSLY PAID FOR	PAESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 1	5	Minus	**	14	=		X\$ 9=	1	OR	X\$18=		
	Independent		5	Minus	••		= /		X39=	1	OR	X 3% =	86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		ОЯ	+260=	7 5 1	
								1	TOTAL	_		TOTAL	86.	
(Column 1) (Column 2) (Column 3)									ADDIT. FEE	Ē	1 _{OU}	ADDIT. FEE	<i>0</i> 0.	
AMENDMENT B	6. 6. 8-1.3 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CL	AIMS	100	Н	HIGHEST	PRESENT EXTRA	<u></u>	RATE	ADDI-	1	RATE	ADDI-	
		AF	AINING FTER IDMENT		P	NUMBER REVIOUSLY PAID FOR				TIONAL FEE			TIONAL FEE	
	Total			Minus	••	fr de	=		X\$ 9=		OR	X\$18=		
	Independent	<u> • </u>		Minus	••		=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
											OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									ADDIT. FEE		_			
AMENDMENT C		CL REM AF	AIMS AINING TER NOMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·	TOTAL T	Minus	1		=	 	X\$ 9=		OR	X\$18=		
	Independent	•		Minus	••	r e	=	 	X39=	-	1	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								703-	+	OR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	
									+130=		OR	+260=		
**	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
"	'If the "Highest Nu The "Highest Nun	mber Pre	eviously Pai	aid For" (Total o	or Ind	ependent) is the	an 3, enter "3." e highest numbe	er fou	snìd in the a	ppropriate bo	x in co	lumn 1.		

Application or Docket Number